

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

24004

FILED AUG 9 1957

Registration District No.

93

Primary Registration District No.

4154

STATE FILE NUMBER

Registrar's No.

57-

1. PLACE OF DEATH a. COUNTY <u>Dade</u>			2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Greenfield Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Loekwood Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mullens Rest Home</u>		Length of stay in lb <u>3da</u>	d. STREET ADDRESS <u>RT2</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>First Middle Last</u> <u>Claude Bowman</u>			4. DATE OF DEATH <u>Month Day Year</u> <u>July 29, 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 8 1888</u>		9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Laborer</u>	11. BIRTHPLACE (City and state or country) <u>Dade Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>usa</u>
13. FATHER'S NAME <u>Samuel Bowman</u>			14. MOTHER'S MAIDEN NAME <u>Susie Bowman</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>D.L. Bowman 804 E St. Wellington Kans</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> <u>P Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>1999</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>7 months +</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>1-4-57</u> to <u>7-28-57</u> and last saw <u>him</u> alive on <u>7-28-57</u> Death occurred at <u>1:30 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Lee Mc Neal MD</u>		22b. ADDRESS <u>Greenfield, Mo</u>		22c. DATE SIGNED <u>7-30-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-31-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro</u>	
23d. LOCATION (City, town, or county) <u>Dade Co Mo</u>		(State)			
24. FUNERAL DIRECTOR <u>W.R. Allison</u>		ADDRESS <u>Greenfield</u>		25. DATE RECD. BY LOCAL REG. <u>8-3-1957</u>	
26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>					

(Licensed Embalmer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Coroner cannot certify to a death due to natural causes.

206 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 44

P. O. Address Greenfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.